

NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM



DEPARTMENT OF SERVICES • DEPARTMENT OF REGULATION AND LICENSURE • DEPARTMENT OF FINANCE AND SUPPORT

# State Rental Assistance Transition Voucher Program Guidelines

For the Implementation of the Housing Related  
Assistance for Adults with Serious Mental Illness

From July 1, 2005 to June 30, 2006

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## **I. APPROVAL FOR THE GUIDELINES**

### **A. AUTHORIZATION**

These guidelines are being issued to implement the Housing Related Assistance under the State Rental Assistance Transition Voucher Program as authorized under **Neb. Rev. Stat. 71-812(3)** and to meet the intent of Nebraska's Behavioral Health Reform (LB1083/2004 and LB40/2005). These guidelines will be used for the twelve month period of **July 1, 2005 to June 30, 2006**. The Division reserves the right to change these guidelines as necessary to successfully implement the Program.

- the Legislature has appropriated funding for housing-related assistance for very low-income adults with serious mental illness to the Division of Behavioral Health Services and
- the Legislature has directed the Division to contract with each regional behavioral health authority for the provision of housing-related assistance and
- the Legislature has directed the Division to contract with each regional behavioral health authority for one-time funding for new construction, acquisition, or rehabilitation of housing to assist very low-income adults with serious mental illness

These guidelines are to be used by the Regional Behavioral Health Authority (or designee) to develop the Regional Rental Assistance Program Plan and provide the services as specified in the Plan.

- The Region's Program Plan shall be submitted no later than August 1, 2005 to the Division.
- The Regional Rental Assistance Transition Voucher Program Plan shall comply with the program plan requirements set forth in these Guidelines.
- The Region shall prepare a specific section of the plan to implement the use of the one-time funding for new construction, acquisition, or rehabilitation of housing to assist very low-income adults with serious mental illness, per the requirements of LB40A (2005).

### **B. TARGET POPULATION**

Consumer eligibility criteria for the program:

1. An adult who has a serious mental illness; and
2. An adult who needs housing related assistance as documented by efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; and
3. An adult who is
  - a) Priority One:
    - 1) Extremely Low Income who is discharged from an inpatient mental health commitment, or
    - 2) Extremely Low Income who is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment;
  - b) Priority Two: after the Region has demonstrated the Priority One groups are addressed, then the Region may start including consumers who are extremely low income at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.
  - c) Priority Three: after the Region has demonstrated the Priority One and Two groups are addressed, others who are eligible under Neb. Rev. Stat. § 71-812 (3) for housing-related assistance for very low-income adults with serious mental illness.

### C. GENERAL PRINCIPLES

The State Rental Assistance Transition Voucher Program will provide supported housing capacity in each of the six Regions to meet the following criteria:

1. The general principles of the evidence based practice of “Supported Housing” are followed, as defined by the U.S. Department of Health and Human Services in the Community Mental Health Services Block Grant. This includes permanence, functional separation of housing and services, integration, affordability, and flexibility.
2. The program must be consistent with the intent of the Governor’s Behavioral Health Reform Initiative. The first priority population for this program is adults who are extremely low income with serious mental illness and who are ready for discharge from an inpatient mental health commitment, or eligible to move from a residential level of care to independent living to make room for another person being discharged from an inpatient mental health commitment (Behavioral Health Reform Project, Housing Team Recommendations, August 2004). Goal 1, Recommendation 2 A & B from the Housing Team Recommendations states that the priority for state funded rental assistance are the following:

*“a. Persons discharged from an inpatient psychiatric hospital including the state operated facilities (Regional Centers) and the community hospitals receiving individuals under mental health commitment (such as Richard Young Hospital in Kearney, Mary Lanning Memorial Hospital in Hastings, Great Plains Regional Medical Center in North Platte, and Regional West Medical Center in Scottsbluff). The primary criteria are that the person has been committed to psychiatric inpatient care. Inpatient care is 24 hour acute behavioral health treatment and is not considered housing.”*

*“b. Persons who need to move from a higher level of care to a lower level of care to free up space for someone being discharged from the hospital. For example, a person may be ready to move from Mental Health Residential Level of Care (such as Psych Residential Rehabilitation) into Mental Health Non-Residential Level of Care (such as Community Support and Medication Management). This move frees up a slot at the higher level of care in the community (Mental Health Residential) resulting in a place for an eligible individual at the hospital Acute or Subacute Inpatient level of care to use.”*

3. The Rental Assistance Program is designed for people who are **NOT** capable of independent living without behavioral health services and supports in order to remain successfully in the community. The consumer will have more supported services needs than just having a case manager checking periodically to see if the rent is paid.
4. The funds for Rental Assistance are intended to serve as a “bridge” to other housing alternatives such as self support or other affordable housing options such as the U.S. Department of Housing and Urban Development (HUD) Section 8. Therefore, the consumer must have fully exhausted attempts to receive local program rental assistance where the

housing is located. This is consistent with the Housing Team Recommendations in Goal 1, Recommendation 1: D that states:

*“Use rental assistance from the Affordable Housing Trust Fund as a “bridge” until the eligible individual can qualify for other rental assistance. In those cases where the eligible individual cannot qualify for other rental assistance due to their background of Serious Mental Illness, the program should be prepared to provide continuing assistance.”*

5. Authorized Use of Funds - The funding may be used for housing-related assistance for extremely low-income adults with serious mental illness. The Housing-related assistance includes rental payments, utility payments, security and utility deposits, and other related costs and payments. Utility deposits and payments are limited to tenant paid gas, electric, water, sewer, garbage. Specifically excluded are cable television and telephone. Consistent with the local housing authority's standards, there may be an allowance for stove and refrigerator.
6. The consumer is expected to contribute 30% of adjusted gross income for rent and utilities. For example, an eligible consumer on Supplemental Security Income (SSI) receives \$579 per month (effective January 2005). In this case, the tenant contribution would be \$173.70 for rent and utilities.
7. The Behavioral Health Reform Project / Housing Team Recommendations (August 2004) are the foundation for the program outlined in these guidelines. Information on the Housing Team Recommendations can be found on the Nebraska Health and Human Services System web site at: <http://www.hhs.state.ne.us/beh/Housesum.htm>  
“Nebraska Mental Health Housing Reports”
  - Behavioral Health Reform Project / Housing Team Recommendations (August 2004)
  - The Statewide Consumer Housing Need Study Extremely Low Income Persons with a Serious Mental Illness, Findings and Conclusions

#### **D. PERFORMANCE MEASUREMENT**

The Rental Assistance Voucher program will be part of the HHS/Division of Behavioral Health Services reporting on meeting the National Outcome Measures required by the Community Mental Health Services Block Grant. The Federal National Outcome Measures for behavioral health housing are:

OUTCOME: Increased Stability in Housing

MENTAL HEALTH TREATMENT: Profile of clients' change in living situation (including homeless status).

SUBSTANCE ABUSE TREATMENT: Increase in/no change in number of clients in stable housing situation from date of first service to date of last service.

## E. DEFINITIONS

1. **Nebraska Behavioral Health System (NBHS)** is the publicly funded, regional, non-Medicaid mental health, substance abuse and addictions service system in Nebraska.
2. **Behavioral Health (BH)** includes both mental health and substance abuse (alcoholism, drug abuse, and addiction) services.
3. **Network Management Team (NMT)** is the group of persons who work together to reach agreements for the operation of the NBHS through the Regional networks. Persons included on the NMT include the Regional Administrator who serves as the Network Manager in each Region and representatives from the Nebraska Division of Behavioral Health Services.
4. **Housing-Related Assistance** – includes rental payments, utility payments, security and utility deposits, and other related costs and payments. [Neb. Rev. Stat. 71-812.(3)(b)(ii) / LB40 (2005)]. Utility deposits and payments are limited to tenant paid gas, electric, water, sewer, garbage. Specifically excluded are cable television and telephone. Consistent with the local housing authority's standards, there may be an allowance for stove and refrigerator.
5. **Housing Quality Standards (HQS)** are requirements for safe and decent housing. HQS are issued by the U.S. Department of Housing and Urban Development under the Housing Voucher Programs (commonly referred to as "Section 8"). According to HUD regulations, all rental units must meet HQS before assistance can be paid on behalf of the eligible consumer and at least annually throughout the term of the assisted tenancy. HQS defines "standard housing" and establishes the minimum criteria necessary for the health and safety of program participants.
6. **Very Low-Income** means a household income of fifty percent or less of the applicable median family income estimate as established by the United States Department of Housing and Urban Development. Neb. Rev. Stat. 71-812.(3)(b) (iii) / LB 40 (2005)
7. **Extremely low income** - Households earn incomes between 0 and 30 percent of Median Family Income (MFI) as defined by the U.S. Department of Housing and Urban Development (HUD), also referred to as Area Median Income (AMI). MFI or AMI represents the value at which one-half of all families have incomes above that value, and one-half have incomes below that value. The MFI estimates are updated annually by HUD.
8. **Adult With Serious Mental Illness** means a person eighteen years of age or older who has, or at any time during the immediately preceding twelve months has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions. Serious mental illness does not include DSM V codes, substance abuse disorders, or developmental disabilities unless such conditions exist concurrently with a diagnosable serious mental illness; Neb. Rev. Stat. 71-812.(3)(b) (i) / LB 40 (2005)

9. **Supported Housing** – Services that assist individuals in finding and maintaining appropriate housing arrangements. This activity is premised upon the idea that certain clients are able to live independently in the community only if they have staff support for monitoring and/or assisting in residential responsibilities. The staff assists clients to select, obtain, and maintain safe, decent, affordable housing and maintain a link to other essential services provided within the community. The objective of supported housing is to help obtain and maintain an independent living situation.

Supported Housing is a specific program model in which a consumer lives in a house, apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities, criteria identified for supported housing programs include: housing choice, functional separation of housing from service provision, affordability, integration (with persons who do not have mental illness), right to tenure, service choice, service individualization and service availability. [Source: Community Mental Health Services Block Grant Application Guidance / Instructions FY 2005 - 2007, page 91.]

#### **F. REGIONAL ADMINISTRATION OF PROGRAM**

1. Neb. Rev. Stat. § 71-812.(3)(a) says the Division of Behavioral Health Services shall contract with each regional behavioral health authority for the provision of housing-related assistance for very low-income adults with serious mental illness. Each regional behavioral health authority may contract with qualifying public, private, or nonprofit entity for the provision of such assistance.
2. In order to be a qualified public, private, or nonprofit entity for the provision of Housing Related Assistance, the organization needs to meet the following requirements:
  - a. The designated entity shall be an organization with experience in managing affordable housing for adults who are very low income with a serious mental illness.
  - b. Providers of Behavioral Health services are excluded from filling the Regional Housing Coordination function. A principle of "Supported Housing" is service provision and housing management is functionally separated.
3. The Regional Administration involves housing coordination for the State Rental Assistance program: (a) will approve applications from eligible consumers for Housing-Related Assistance, (b) will authorize Housing Quality Standards (HQS) inspections be completed for approved consumers, (c) will make payments to the landlord, (d) will provide support and technical assistance to behavioral health providers and consumers in planning and locating rental housing, (e) will provide regional system leadership in housing, and (f) will provide other related behavioral health housing administrative functions. Tasks and activities included in the Regional Housing Coordinator's role do NOT include supervision or delivery of direct services to a consumer.
4. The person designated to complete the Regional Housing Coordination duties shall be responsible for the following functions (see also Section VI. JOB DESCRIPTION):
  - a. Develop the annual Regional Program Plan for State Rental Assistance Transition Voucher Program. This includes but is not limited (1) to the development of an annual

- financial Budget Plan, as specified by the Division and (2) the development and implementation of strategies to ensure the program is culturally competent, and represents the ethnic and gender needs of the community.
- b. Provide approval of eligible consumers for Housing-Related Assistance,
  - c. Authorize Housing Quality Standards (HQS) inspections by qualified personnel to be completed on the housing unit where eligible consumers live, or may live. The housing shall meet HQS.
  - d. Assure authorized payments to the landlords and utility companies for Housing-Related Assistance are made.
  - e. Provide expertise in housing, system leadership, program support, and technical assistance in behavioral health housing areas including serving as part of the administrative team of the region as well as support to behavioral health providers, and eligible consumers as requested.
  - f. Coordinate an assessment of housing needs for adults with serious mental illness.
  - g. Collect data and evaluation of housing program outcomes.
  - h. Facilitate communication among housing and behavioral health providers (in and out of network), regional systems, human service systems, and other system participants to build coalitions and ensure the region can provide access to appropriate Rental Assistance services and affordable housing for adults with serious mental illness.
  - i. Participate and attend meetings for the statewide Housing System Team led by Division staff.
  - j. Responsible for leadership and system problem solving for Rental Assistance under this contract specifically and housing issues for adults with serious mental illness in general.
  - k. Comply with data reporting and outcome performance measures as set by the Division.

## **II. PROGRAM PLAN**

The Program Plan is a written document that describes, in detail, the Region's intended organizational structure and staffing for administration of the State Rental Assistance Transition Voucher Program. The program plan needs to clearly demonstrate the Region is administering this program consistent with the intent of Neb. Rev. Stat. §71-812 (3) [LB40/2005]. The Program Plan shall cover the following information:

- A. REGIONAL ADMINISTRATION – Name and address of the organization to administer the State Rental Assistance Transition Voucher Program.
  1. The Regional Governing Board, as established under 71-808, shall designate the administrative body responsible for the management of this program.
  2. Legislature has directed the Division to contract with each regional behavioral health authority for the provision of housing-related assistance (LB40 / 2005). The Regional Behavioral Health Authority may contract with qualifying public, private, or nonprofit entities for the provision of such assistance.
  3. The Region (or designated entity) is the hiring authority for the program administration/coordination (see Section VI. JOB DESCRIPTION) within the limits specified by the state contract.



4. The Region may contract with a qualifying public, private, or nonprofit entity for the provision of housing-related assistance for very low-income adults with serious mental illness. In order to be a qualified public, private, or nonprofit entity for the provision of Housing Related Assistance, the organization needs to meet the following requirements:
  - a) The designated entity shall be an organization with experience in managing affordable housing for adults who are very low income with a serious mental illness.
  - b) Providers of Behavioral Health services are excluded from filling the coordination function. A principle of "Supported Housing" is service provision and housing management is functionally separated.
  - c) The Region uses its own authorized procurement procedures to select this administrative entity.
  - d) The Regional Governing Board must formally approve the designated entity.
  - e) If this option is selected, the sections below referring to the Region will be applied to this designated entity.

**B. PURPOSE OF THE PROGRAM – discuss the Region’s purpose of the program based on the following:**

1. These rental assistance funds are to serve as a “bridge” to other sources such as the Federal Housing Voucher Programs (commonly referred to as "Section 8") for an eligible consumer who is very low income with serious mental illness.
2. The Federal “Housing Choice Voucher Program” will be used as a model for program development purposes.
3. Some program eligible consumers will not qualify for the Section 8 voucher due to their personal history. There needs to be a written determination documenting ineligibility for the local program’s rental assistance. Reasons for denial by a local housing authority may include but not be limited to a record of unfavorable criminal histories involving crimes of physical violence to persons or property, or other criminal acts which would adversely affect the health, safety of other tenants.
4. The eligible consumer has an Individual Service Plan with a goal of independent living and HHSS authorized behavioral health services. This includes the consumer’s willingness to participate in appropriate authorized behavioral health service(s).
5. As a result, the Region provides Supported Housing, consistent with
  - (a) The intent of the Governor’s Behavioral Health Reform Initiative,
  - (b) The Federal definition of Supported Housing, as well as
  - (c) The recovery values of consumer self-determination and choice.

C. TENANT SELECTION CRITERIA – For the State Rental Assistance Transition Voucher Program, the consumer must be an adult who is very low income with serious mental illness.

1. The consumer must have an Individual Service Plan that provides appropriate community-based services to enable the person to live in the community.
2. A key issue is that supported housing is conceptualized as being for people who are NOT capable of independent living. However, with the authorized services and supports, the consumer can live independently and remain successfully in the community. Thus, the authorized behavioral health services need to be more than just a case manager periodically checking to see if the consumer has paid the rent.
3. The Individual Service Plan must include:
  - a) A goal of independent housing;
  - b) A contact person who is:
    - 1) Properly trained in identifying and assisting the individual with obtaining and maintaining adequate housing in the community and
    - 2) Can be contacted by a landlord if there are any problems; and
  - c) The consumer must receive HHSS Authorized Behavioral Health Services -- services funded in whole or in part by the Division of Behavioral Health Services and/or the Nebraska Medicaid program.
4. The adult who needs housing related assistance must document efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities. This means the person has made application(s) for the locally available Federal Housing Voucher Programs commonly referred to as "Section 8" or other related resources. If there is a waiting list associated with the local program for rental assistance, the consumer must be on such waiting list. The consumer may have a written determination of ineligibility for the local program's rental assistance.
5. Drug-related criminal activity -- The adult who is very low income with serious mental illness who has been excluded from public housing or any Section 8 program for drug-related criminal activity is eligible for state housing related assistance.
  - a) The goal remains to work on bridging over to other housing assistance such as Section 8.
    - 1) In order to bridge over to the Section 8 voucher program, every effort needs to be made to keep the consumer drug-free for the three-year requirement in order to be eligible for Section 8.
    - 2) Support worker and the consumer will agree on a "drug-free" monitoring plan.
  - b) It is acknowledged that some eligible consumers may be excluded from public housing due to the conviction of any household member for manufacturing or producing methamphetamine on the premises of an assisted housing project.

6. The consumer must be an adult who is
  - a) Priority One:
    - 1) Extremely Low Income who is discharged from an inpatient mental health commitment, or
    - 2) Extremely Low Income who is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment;
  - b) Priority Two: after the Region has demonstrated the Priority One groups are addressed, then the Region may start including consumers who are extremely low income at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.
  - c) Priority Three: after the Region has demonstrated the Priority One and Two groups are addressed, others who are eligible under Neb. Rev. Stat. § 71-812 (3) for housing-related assistance for very low-income adults with serious mental illness.

D. PROGRAM ORGANIZATION – Include information about how the Region’s resources (facility space, personnel-current/new, equipment, other) and administrative structure are coordinated and directed to meet the needs of the consumers through the proposed program.

1. Regional Housing Coordination Function.

Administration functions of the State Rental Assistance Transition Voucher Program are covered by funds as specified in the contract with the Nebraska Division of Behavioral Health Services. The functions to be included are:

- a) Outreach – the process the Region will use to notify eligible consumers of the program. The outreach function needs to include features such as:
  - 1) Public announcement of availability of the rental assistance;
  - 2) Outreach to consumers such as annual income and rent determination, where applications will be taken, when applications will be accepted and related topics;
  - 3) Outreach to Prospective Landlords explaining program, such as rent limitations, how payment is received, payment promptness, who makes payment, length of contract, lease provisions, evictions, tenant disputes, and lease violations; and
  - 4) All outreach literature must include equal housing opportunity and non-discrimination statements and acknowledgment of the funding sources.
- b) Consumer Eligibility Applications – Describe how the Region will take, process, and monitor applications for the State Rental Assistance Transition Voucher Program. The Region will use the application provided by the Division (see ATTACHMENT – Application For Housing-Related Assistance).

- c) Admission Procedure – Describe the admission procedures to be used for consumers to access the State Rental Assistance Transition Voucher Program. The admission procedure needs to include the following:
- 1) Documentation of the consumer's effort to fully exhaust other options in seeking rental assistance administered by local housing authorities or other entities. If there is a waiting list associated with the local program for rental assistance, the consumer must be on such waiting list or have a written determination of ineligibility for the local program's rental assistance.
  - 2) The Region shall determine eligibility:
    - i. Confirm the consumer meets the Tenant Selection Criteria.
    - ii. Eligibility determinations are valid for 12 months.
    - iii. There are procedures for an annual reassessment and renewal of eligibility.
  - 3) The application process includes an annual income eligibility and verification that the consumer qualifies as a very low-income person. [See Section VII. ANNUAL INCOME DETERMINATION]
    - i. If income rises above 30% AMI, there is an automatic review.
    - ii. If income exceeds 50% AMI, the consumer is ineligible for the program. Under these cases, there is a reasonable notice given to the tenant that assistance will expire in 30 days after completing the month the notice was given.
    - iii. For more information on Area Median Income (AMI) and Median Family Incomes (MFI) FY 2005 Income Limits (effective date February 11, 2005) see <http://www.huduser.org/datasets/il/il05/index.html>
  - 4) The eligible consumer is NOT capable of independent living without behavioral health services and supports to remain successfully in the community.
    - i. The eligible consumer must have an Individual Service Plan that provides appropriate community-based services to enable the person to live in the community.
    - ii. The Individual Service Plan must include a contact person that:
      - Is properly trained in identifying and assisting the individual with obtaining and maintaining adequate housing in the community; and
      - Can be contacted by a landlord if there are any problems.
  - 5) Citizenship Status – Financial assistance is contingent upon the appropriate submission/verification of documentation of citizenship or eligible immigration status.
    - i. Declaration of US Citizenship may include one of the following as documentation: US Passport; Resident alien card; Registration card; Social Security card, or other valid forms of documentation approved by HHS.
    - ii. Documentation of Eligible Immigration Status
      - Must provide signed declaration of eligible immigration status.

- Must provide one of the Immigration and Naturalization Service (INS) documents specified in the rule.
  - Must provide a signed verification consent form describing transmission and use of the information obtained.
- d) Locate Suitable Housing – After issuance of a State Rental Assistance Transition Voucher, the consumer must obtain housing within 90 days. The 90 day time period starts on the date the Region finds the consumer eligible.
- 1) Address how the eligible consumer is to obtain an apartment once s/he is authorized for in the State Rental Assistance Transition Voucher Program. Describe how the consumer is involved in this process? What is the role of the service provider? What is the role of the Region in helping the consumer locate suitable housing?
    - i. Most consumers served under the State Rental Assistance Transition Voucher Program will be eligible for Mental Health Non-Residential services such as Assertive Community Treatment (ACT) and Community Support. These programs include a component to help the consumer locate suitable housing.
    - ii. If the consumer is not eligible for ACT or Community Support, thoroughly describe the procedures used to help the consumer locate suitable housing.
  - 2) Process to be used in providing information about an eligible consumer to prospective owners;
  - 3) Rent Limits
    - i. The leased rent (not including utilities) is equal to or less than the Fair Market Rent limit as defined and published by the HUD.
    - ii. If it is documented that the eligible consumer can not obtain safe, decent, and affordable housing in the local area using the Fair Market Rent limit, the Region may seek a waiver from HHS.
    - iii. The Region's contribution toward rent may vary each year because the family moves to another approved unit, the rent on the unit increases or decreases, or the family's income changes.
  - 4) Lease Requirements – See Section VIII. LEASE REQUIREMENTS
  - 5) Consistent with the local housing authority's standards and HUD requirements, a family member is excluded as a landlord.
- e) Method to make State Rental Assistance Transition Voucher Program payments to the Landlord and for utilities.
- 1) The funding is authorized for housing-related assistance includes rental payments, utility payments, security and utility deposits, and other related costs and payments. Utility deposits and payments are limited to tenant paid gas, electric, water, sewer, garbage. Specifically excluded are cable television and telephone.
  - 2) How will the Region specifically pay the Landlord and the tenant paid utilities?

- i. If the consumer finds a unit that meets the housing quality standards, the rent is reasonable, and the unit meets other program requirements, how does the Region execute a contract with the property owner? The Region needs standards on what is reasonable rent. Is it based on comparables in the market (such as same size apartment in the building)?
  - ii. The contract needs to authorize the Region to make rental assistance payments to the owner on behalf of the eligible consumer. However, in following the lease requirements, the eligible consumer may elect to move to another rental unit and continue to receive rental assistance. Therefore, if the consumer moves out of the unit, the contract with the owner ends.
  - iii. The approach needs to encourage the participation by owners of suitable units.
  - iv. There needs to be a specific approach to addressing tenant paid utility deposits and payments for gas, electric, water, sewer, garbage. Specifically excluded are cable television and telephone.
  - v. There needs to be a specific approach to address an allowance for stove and refrigerator, consistent with the local housing authority's standards.
- f) Waiting List Management – How will the Region select for admission of applicants from the waiting list, including any admission preferences, procedures for removing applicant names from the waiting list, and procedures for closing and reopening the waiting list.
  - 1) The policy needs to be consistent with the Tenant Selection Criteria; and
  - 2) Waiting list information must include name, family unit size under occupancy standards; date and time of application; and racial/ ethnic designation of head of household.
- g) Regional Housing Steering Committee – The Region needs to establish working relationships with other people responsible for successful implementation of the State Rental Assistance Transition Voucher Program. These people include but are not limited to behavioral health providers, behavioral health consumers, the local public housing authorities operating the “Housing Choice Voucher” program, the Community Housing Development Organization (CHDO), the Continuum of Care for Housing and Homeless, members of the Nebraska Housing Developers Association, and other related affordable housing organizations in the area. To accomplish this, the Region needs to establish a “Steering Committee” which meets periodically to:
  - 1) Review progress in implementing the State Rental Assistance Transition Voucher Program.
  - 2) Address specific needs of an individual consumer. All confidentiality requirements under Federal and State statute, regulations, and contract must be addressed for this aspect of the meetings.

- 3) Official minutes from the periodic meetings are included in the monthly reports submitted to the Division of Behavioral Health Services.
- h) Describe the procedures for direct consumer involvement in the program. Include an explanation of:
  - 1) How potential consumers will be informed about the program and consumer rights.
  - 2) How meaningful participation of consumers will be incorporated into the development, evaluation, and ongoing modification of the program.
  - 3) How the Region will assist an eligible consumer that claims that illegal discrimination has prevented the individual from leasing a suitable unit;
- i) Program Fidelity – means adherence to the key elements of the evidence based practice, in this case, Supported Housing. The closer the Region adheres to the primary elements of the evidence based practice, the more likely it is to achieve the same positive outcomes identified in the original research.
  - 1) The Federal Supported Housing definition will be used for Program Fidelity.
  - 2) The Region will report on adherence to this model in monthly reports.
  - 3) Exceptions to the Supported Housing model need to be tracked.
- j) Monthly Reports and Data: The Division of Behavioral Health Services will supply the Region with an electronic spreadsheet application designed to support the reporting requirements. The Regional reports to the Division need to include:
  - i. monthly information on the details of the progress made in implementing the program.
  - ii. monthly information on the numbers served in the manner specified by the Division.
  - iii. Other material needed for program monitoring (Steering Committee, program fidelity, and related areas).
  - iv. Format for Progress Report: A BH-5 should be used to report progress and should include details and data on specific progress completed toward successfully meeting each goal, objective, and activity (BH-5).
2. Requirement for “Housing Quality Standards” (HQS).

The goal of the State Rental Assistance Transition Voucher Program is to help eligible consumers obtain safe and decent housing at an affordable cost. The rental assistance funds are to serve as a “bridge” to other sources such as the Federal Housing Voucher Programs (commonly referred to as "Section 8") for the eligible consumer. Part of the Section 8 program includes regulations on basic Housing Quality Standards (HQS). According to HUD regulations, all rental units must meet HQS before assistance can be paid on behalf of the eligible consumer and at least annually throughout the term of the assisted tenancy. HQS defines “standard housing” and establishes the minimum criteria necessary for the health and safety of program participants. The Region may use State Rental Assistance Transition Vouchers Program funds as specified in the state contract for completing the Housing Quality Standards.

- a) HQS General Requirements -- According to HUD regulations, at least annually, it is the responsibility of the local housing authority to conduct inspections of units to determine compliance with HQS prior to the execution of the entire term of the assisted lease. Inspections may be completed by local housing authority staff or by contract personnel. HQS consists of the following thirteen (13) performance requirements:

- |                                 |   |
|---------------------------------|---|
| • Sanitary facilities;          | • Food preparation and refuse disposal; |
| • Space and security;           | • Thermal environment;                  |
| • Illumination and electricity; | • Structure and materials;              |
| • Interior air quality;         | • Water supply;                         |
| • Lead-based paint;             | • Access;                               |
| • Site and neighborhood;        | • Sanitary condition;                   |
| • Smoke Detectors.              |   |

- b) The Region is expected to meet HQS for all consumers. The Region shall develop a specific method to address HQS. In doing this, the Region is strongly encouraged to form a working alliance with the local public housing authorities operating the "Housing Choice Voucher" program. The local public housing authority needs to approve of the Region's HQS method as acceptable for bridging over to Section 8.
- c) The most efficient method may be for the Local Housing Authority or a qualified entity approved by the local housing authority to complete the "Housing Quality Standards" (HQS).
- d) The Local Housing Authority may train Behavioral Health personnel to complete the HQS as a back-up.
- e) The audit of the records for this program includes the completed HQS checklist.

E. PROGRAM GOALS – List and explain the goals of the program which describe specific, measurable desired outcomes from a consumer's point of view for the State Rental Assistance Transition Voucher Program. What will a consumer want to gain from this program? The goals should have a direct relation to the program purpose and should deal specifically with issues related to the services to be delivered in the program. The goals should address expected short and long term benefits for the target population. Program goals do not include organization management or program development goals. These goals are different than those identified on the BH-5.

F. PROGRAM CAPACITY – Discuss the capacity anticipated for the program. Program capacity means the total number of individual consumers considered "active" in the program at any given time. In the rental assistance program, capacity means:

1. The number of individual consumers who can be served on any given day.
2. Estimate the total number of consumers who can be served during a normal 12 month period.



- G. PROGRAM STAFFING – these need to be consistent with the job description (see Section VI) and allocation for funding to Region.
- H. DISCHARGE PLANNING – Discharge planning procedures, criteria, and follow-up. The discharge criteria need to include contingencies if the consumer moves out of the Region, if consumer qualifies for another rental assistance program, and if consumer now exceeds income limits.
- I. ROLE OF THE TENANT – The Program Plan addresses the “Role of the Tenant” (eligible consumer).
1. Allows the Region to inspect the unit at reasonable times and after reasonable notice.
  2. Does not engage in drug-related/criminal activity.
  3. Notifies the Region and the owner before moving or terminating the lease with the owner.
  4. Promptly gives the Region a copy of an eviction notice from the owner.
  5. Uses the assisted unit as a residence only and as the only residence of the family. Members of the household may engage in legal profit-making activities within the unit, but only if those activities are incidental to the primary use of the unit as a residence.
  6. Family members also may not receive another housing subsidy in the same unit or a different unit.
  7. Promptly informs the Region of any change in household composition and obtaining approval to add a family member by any means other than birth, adoption or court-awarded custody of a child.
  8. Notifies the Region of any absence from the unit.
  9. Complies with Region policies governing absence from a unit.
- J. ROLE OF THE OWNER – The Program Plan addresses the “Role of the Owner” of the Housing Unit.
1. Screens tenants, select tenants, and enter into leases with tenants;
  2. Complies with the Regional Contract, lease, and tenancy addendum;
  3. Carries out normal owner functions during the lease term, such as enforcing the lease, performing maintenance, collecting the family share of rent from the family and charging tenants for any damage to the unit;
  4. Maintains unit compliance with HQS;
  5. Complies with fair housing and equal opportunity requirements;
  6. Pays for utilities, maintenance and services (unless paid for by the tenant under the lease).
- K. DISAPPROVE OWNERS – The Program Plan addresses the Region’s Discretion to Disapprove Owners. An owner may not be approved for any of the following reasons:
1. Violation of obligations under one or more contracts for rental assistance programs with local housing authority.
  2. Acts of fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.

3. Participation in any drug-related criminal activity or any violent criminal activity.
4. Current or previous practice of non-compliance with HQS and/or state and local housing codes or with applicable housing standards for units leased under any other federal housing program.
5. Current or prior history of refusing to evict eligible consumers or other assisted housing tenants for activity by the tenant, any member of the household, a guest, or another person under the control of any member of the household that: a) threatens the right to peaceful enjoyment of the premises by other residents; b) threatens the health or safety of residents, Region employees, or owner employees; c) threatens the neighbors' health or safety, or neighbors' right to peaceful enjoyment of their residences; or d) Engages in drug-related activity or violent criminal activity.
6. Fails to pay state or local real estate taxes, fines or assessments.
7. Any of the above infractions affects only prospective (future) contracts. Participants currently residing in units belonging to the identified owner must not be asked to move solely because of a decision to disapprove the owner.

L. UNIT SIZE REQUIREMENTS – The Program Plan needs to address the Determination of Unit Size Requirements. The number of bedrooms required is determined at the time of determining the eligibility of the consumer. The following requirements apply when determining the family unit size:

1. The subsidy standards must provide for the smallest number of bedrooms needed to house a family without overcrowding.
2. The subsidy standards must be consistent with space requirements under the housing quality standards (HQS).
3. The subsidy standards must be applied consistently for all families of like size and composition.
4. A child who is temporarily away from the home because of placement in foster care is considered a member of the family in determining the family's unit size.
5. A family that consists of a pregnant woman only, and no other persons, must be treated as a two- person family.
6. Any live-in aide (approved by the Region) must be counted in determining the family unit size.
7. Two elderly or disabled household members may be given separate bedrooms.
8. Unless a live-in-aide resides with the family, the family unit size for any family consisting of a single person must be either a zero or one-bedroom unit, as determined under the Region's subsidy standards.
9. The Region may determine exceptions to established subsidy standards if justified.

### III. DEVELOPMENT AND IMPLEMENTATION TIMELINE PLAN

- A. CAPACITY DEVELOPMENT TIME – The sooner the program can take applications for the State Rental Assistance Transition Voucher Program the better. At the same time, the program also needs to be developed correctly. The program is operational when staff is hired, procedures are in place, and it is ready to take and process applications. It is expected the program will be operational no later than August 1, 2005, unless a waiver from HHS is approved.
- B. THE DEVELOPMENT/ IMPLEMENTATION TIMELINE PLAN – will be developed on **Form BH-5**. The development plan includes an implementation schedule. The information will explain in detail the development process and show a clear step-by-step plan of how the program will be developed over a given period of time. The Program Development Plan will conclude with consumers receiving services and a formal evaluation of the program plan, the process, and the services provided.
- C. FORM BH-5 – The Development/Implementation Timeline Plan will have several **BH-5** forms that will identify the goals and objectives needed to develop and implement a service capacity. Use a separate form for each goal.
1. Develop administrative structures and personnel for service.
  2. Develop program plan, program operating policies and procedures, operation plan, authorization/referral system for service.
  3. Develop reporting, financing, and quality assurance systems.
  4. Develop a plan to begin to serve people.

### IV. BUDGET

#### A. ITEMIZED ANNUAL OPERATING BUDGET

Use **Forms BH-20a through BH-20g** to develop the detailed budget for the service. These forms have a list on the back of the page which includes specific items for that budget section.

1. BH-20a Revenue Summary [Identify revenues from ALL sources]
2. BH-20b Expense Summary
3. BH-20c Personal Services Expenses
4. BH-20d Operations Expenses
5. BH-20e Travel Expenses
6. BH-20f Capital Expenses
7. BH-20g Other Expenses

#### B. BUDGET JUSTIFICATION NARRATIVE

This narrative will explain in detail why the costs listed on the budget itemization forms are necessary and how those costs were calculated. The applicant should review the Regulations for allowable and unallowable costs. Please address the following items separately in the narrative:

1. Annual Operating Budget. Explain and justify all items included in the annual operating budget including:

- a. Staffing needs by position, number of full-time equivalents (FTEs), and their respective salary and fringe costs separately.
- b. How ongoing operational, travel, capital outlay, personnel, professional fees, and consultant needs and costs were determined.
- c. Describe the project's facility and space requirements and explain why the amount is needed.
- d. Identify amounts and sources of any other revenues to be used or received with this project, in addition to the state and/or federal funds being requested with this proposal.

#### **V. LB40A ONE TIME FUNDING**

- A. LB40A (2005) Sec. 5 appropriated funds for FY2005-06 to only be used for one-time funding for new construction, acquisition, or rehabilitation of housing to assist very low-income adults with serious mental illness. Each regional behavioral health authority may contract with qualifying public, private, or nonprofit entities for the provision of such assistance.
- B. For purposes of this section, use the definitions for (1) very low-income and (2) adult with serious mental illness
- C. The program plan needs to address the Regional Behavioral Health Authority's approach to using these funds.

## **VI. JOB DESCRIPTION**

### **Position: Regional Housing Program Specialist for the State Rental Assistance Transition Voucher Program**

#### **ENTRY KNOWLEDGES, ABILITIES, AND SKILLS REQUIRED:**

- Knowledge of: the principles and practices of managing affordable housing for adults who are very low income with a serious mental illness; local housing market, neighborhood area features, municipal services, building departments and utility companies; public administration; methods and techniques of program planning and budgeting.
- Ability to: establish and manage a rental assistance program; establish and maintain positive relationships with consumers who are very low income with a serious mental illness, agency staff, service providers; communicate orally and in writing via memos, reports or group discussions with the Nebraska Health and Human Services System, agency staff, service providers and others to promote, explain, discuss, advise and interact with them on various program issues and problems related to supported housing; apply oral and written instructions, laws, rules, policies and procedures pertinent to the program.

#### **JOB DUTIES:**

1. In accordance with the Nebraska Department of Health and Human Services Division of Behavioral Health Services requirements, perform the duties of the “Regional Housing Coordination Function”, which includes but is not limited to:
  - (a) Processing consumer’s applications,
  - (b) Follow admission procedures,
  - (c) Implement the Region’s plan will help the consumer find suitable housing,
  - (d) Implement the Region’s plan on rent payments to the landlords and tenant paid utilities,
  - (e) Implement the Region’s plan for managing the waiting list
  - (f) Track the consumers placed in housing under the Region’s program and
  - (g) Other related supported housing duties.
2. Form a working alliance with people in the Region (a) responsible for the local public housing authorities operating other affordable housing alternatives such as Section 8, (b) responsible for the Community Housing Development Organization (CHDO), (c) responsible for the Continuum of Care For Housing And Homeless, (d) who are members of the Nebraska Housing Developers Association, and (e) other related affordable housing agencies in the area regarding the housing needs of adults who are very low income with serious mental illness.
3. Conduct outreach to consumers with a serious mental illness in the Region regarding the affordable housing program and on how to apply for HUD Section 8 housing assistance.
4. Conduct outreach meetings to educate landlords, apartment complex owners and developers in the area on the Region’s housing program for adults who are very low income with a serious mental illness.
5. Work in conjunction with the State level housing initiatives and programs to further the goal of developing supported housing for adults who are very low income with serious mental illness.
6. Complete other related duties to address the regional needs of consumers who are very low income with a serious mental illness on issues related to supported housing.
7. Submit reports to the Nebraska Department of Health and Human Services Division of Behavioral Health Services as required by the contract on supported housing.

## **VII. ANNUAL INCOME DETERMINATION**

**Definition of Annual Income:** all amounts, monetary or not, that go to or are on behalf of, the family head or spouse (even if temporarily absent) or to any other family member, or all amounts anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date.

### **INCOME INCLUSIONS**

- A. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- B. The net income from operation of a business or profession.
- C. Interest, dividends, and other net income of any kind from real or personal property.
- D. The full amount of periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, lotteries, disability or death benefits, and other similar types of periodic receipts, including a lump-sum payment for the delayed start of a periodic payment.
- E. Payments in lieu of earnings, such as unemployment, workers' compensation, and severance pay (but see letter C under Income Exclusions).
- F. Income from assets
  - 1. When net family assets are \$5,000 or less, use the actual income from assets.
  - 2. When family assets are more than \$5,000, use the greater of actual income from assets or a percentage of the value of such assets based upon the current passbook savings rate as established by HUD.
- G. Welfare Assistance
  - 1. Welfare assistance received by the household.
  - 2. The amount of reduced welfare income that is disregarded specifically because the family engaged in fraud or failed to comply with an economic self-sufficiency or work activities requirement.
  - 3. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustments by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare income to be included as income shall consist of:
    - a. The amount of allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
    - b. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is reduced from the standard of need by applying a percentage, the amount calculated under this paragraph shall be the amount resulting from application of the percentage.
- H. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling; and
- I. All regular pay, special pay, and allowances of a member of the Armed Forces (whether or not living in the dwelling) who is head of the family, spouse, or other person whose dependents are residing in the unit (See Exclusions, Section G.).

### **INCOME EXCLUSIONS**

- A. Income from employment of children (including foster children) under the age of 18 years.
- B. Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone);

- C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (See Income Inclusions, Section E.)
- D. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- E. Income of a live-in aide (as defined by regulation);
- F. The full amount of student financial assistance paid directly to the student or to the educational institution
- G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
  - 1. Amounts received under training programs funded by HUD;
  - 2. Amounts received by a person with disabilities that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
  - 3. Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
  - 4. A resident service stipend. This is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the development.
  - 5. Incremental earnings and benefits resulting to any family member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government);
- H. Temporary, nonrecurring, or sporadic income (including gifts).
- I. Reparations payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- J. Earnings in excess of \$480 for each full-time student 18 years or older (excluding the head of household and spouse);
- K. Adoption assistance payments in excess of \$480 per adopted child;
- L. Deferred periodic payments of supplemental security income and social security benefits that are received in a lump-sum payment or in prospective monthly payments;
- M. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
- N. Amounts paid by a state agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; and
- O. Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the 1937 Act. A notice is published in the Federal Register identifying the benefits that qualify for this exclusion.

**Earned Income Disallowance for Persons with Disabilities [24CFR5.617]**

- A. Initial 12-Month Exclusion [24CFR5.617(C)(1)]
- B. Second 12-Month Exclusion and Phase-In [24CFR5.617(C)(2)]
- C. Maximum 4-Year Disallowance [24CFR5.617(C)(3)]

## VIII. LEASE REQUIREMENTS

### A. Terms of Assistance

1. Payments are made directly from the Region to the unit owner
2. The term of rental assistance contract must begin on the first day of the lease and end upon termination of the lease.
3. The agreements may not exceed 24 months. However, the Region, at its discretion may renew an agreement.

### B. Lease Requirements

1. Term of lease cannot be less than one year unless mutually agreed upon by both tenant and owner.
2. Lease may **not** contain:
  - a. Agreement by the tenant to be sued, to admit guilt or to a judgment in favor of the owner in a lawsuit brought in connection with the lease.
  - b. Agreement by the tenant that the owner may take, hold or sell personal property of household members without notice to the tenant and a court decision on the rights of the parties. This prohibition, however, does not apply to an agreement by the tenant concerning disposition of personal property remaining in the housing unit after the tenant has moved out of the unit. In that case, the owner may dispose of this personal property in accordance with state law.
  - c. Agreement by the tenant not to hold the owner or the owner's agents legally responsible for any action or the failure to act, whether intentional or negligent.
  - d. Agreement of the tenant that the owner may institute a lawsuit without notice to the tenant.
  - e. Agreement by the tenant that the owner may evict the tenant or household members without instituting a civil court proceeding in which the tenant has the opportunity to present a defense or before a court decision on the rights of the parties.
  - f. Agreement by the tenant to waive any right to trial by jury.
  - g. Agreement by the tenant to waive the tenant's right to appeal or to otherwise challenge in court a decision in connection with the lease.
  - h. Agreement by the tenant to pay attorney fees or other legal costs even if the tenant wins in a court proceeding by the owner against the tenant. The tenant, however, may be obligated to pay costs if the tenant loses.

### C. Grounds for termination

1. Stated in lease signed by tenant and owner
2. Grounds for Immediate termination
3. 30 days notice of termination
4. When the Region's contract ends, so does the lease with the tenant. The tenant may then enter a new lease with the landlord.



## ATTACHMENT

### **APPLICATION FOR HOUSING-RELATED ASSISTANCE Under The State Rental Assistance Transition Voucher Program**

This document is to be used as an application for Housing Related Assistance under the State Rental Assistance Transition Voucher Program. This program is authorized under **Neb. Rev. Stat. 71-812(3)**. The program is designed to meet the intent of the Nebraska's Behavioral Health Reform (LB1083/2004, and LB40/2005).

The consumer eligibility criteria for the program:

1. An adult who has a serious mental illness; and
2. An adult who needs housing related assistance as documented by efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; and
3. An adult who is
  - a) Priority One:
    - 1) Extremely Low Income who is discharged from an inpatient mental health commitment, or
    - 2) Extremely Low Income who is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment;
  - b) Priority Two: after the Region has demonstrated the Priority One groups are addressed, then the Region may start including consumers who are extremely low income at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.
  - c) Priority Three: after the Region has demonstrated the Priority One and Two groups are addressed, others who are eligible under Neb. Rev. Stat. § 71-812 (3) for housing-related assistance for very low-income adults with serious mental illness.

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**The information contained within this application shall be confidential and shall be used only for purposes related to the administration of the State Rental Assistance Transition Voucher Program. The information collected by this application shall not be shared with any other parties, including but not limited to landlords, without written consent from the consumer or his/her legally authorized representative.**

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This is to be completed by the eligible consumer, family member, authorized representative, and/or staff assisting the consumer.

**PART 1: DEMOGRAPHICS**

Consumer Name:

\_\_\_\_\_  
First MI Last

Current Consumer Address

Street: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_

State: NE Zip Code: \_\_\_\_\_

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: MM / DD / CCYY \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Current Age \_\_\_\_\_

Gender: \_\_\_\_M \_\_\_\_F

Race (mark one or more)

\_\_\_\_ American Indian or Alaska Native      \_\_\_\_ Asian  
\_\_\_\_ Black or African American      \_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_ White      \_\_\_\_ Some Other Race (Specify): \_\_\_\_\_

Ethnicity (check one) \_\_\_\_Hispanic or Latino      \_\_\_\_ Not Hispanic or Latino

Number of Persons in Household. \_\_\_\_\_

Type of household

- \_\_\_\_ a. Single (non –elderly / below age 62)  
\_\_\_\_ b. Single (elderly / age 62 or older)  
\_\_\_\_ c. Single parent household – child(ren)  
\_\_\_\_ d. Two parent household – child(ren)  
\_\_\_\_ e. Two parent household – no children  
\_\_\_\_ f. Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **PART 2: CONSUMER PREFERENCES IN HOUSING**

A goal for this program is for any eligible person with a serious mental illness who wants to live independently to have the opportunity. This goal recognizes the need for supportive services to assist the consumer to improve his/her functioning so that he/she is successful and satisfied in the housing of choice. This is consistent with the recovery values of consumer self-determination and choice.

As a result, in order to be eligible for the state rental assistance program, the consumer must have an appropriate individualized service plan that:

- (1) Person wants to live in a community setting
- (2) The consumer does not have the capacity to live independently unless necessary support services are in place.
- (3) Authorized behavioral health support services (such as Assertive Community Treatment, Community Support, Medication Management or other non-residential services consistent with consumer need).

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The following questions may be used to prepare a consumer directed individual service plan with a goal for independent living.

Where is the consumer living now? (see "Living Situation Definitions")

Check One:

<input type="checkbox"/>	Regional Center	<input type="checkbox"/>	Other 24-Hour Residential Care
<input type="checkbox"/>	Jail/ Correctional Facility	<input type="checkbox"/>	Other Institutional Setting
<input type="checkbox"/>	Private Residence WITHOUT support	<input type="checkbox"/>	Private Residence RECEIVING support
<input type="checkbox"/>	Private Residence Living with Parent/Relative/Friend	<input type="checkbox"/>	Homeless/ Shelter
<input type="text" value="Other (describe):"/>			

In the consumer's words, what does he/she like about his/her current living situation?

In the consumer's words, what things do she/he not like about where she/he is living now?

Has the consumer had a housing situation in the past that has been satisfying? Describe.

Describe the housing situation the consumer would like to have?

- Location (City / County in Nebraska)?
- Live alone, live with spouse, live with children, or have unrelated roommates?
- Efficiency, 1 Bed Room apartment, or more?

“Living Situation Definitions:”

- **Regional Center** Hastings Regional Center, Lincoln Regional Center, Norfolk Regional Center [designated as Institutes of Mental Disease (IMD)].
- **Other 24-Hour Residential Care** Individual resides in a residential care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Group Home, Therapeutic Group Home, Board and Care, Crisis Residential, Residential Treatment, Rehabilitation Center, or Residential Care/Treatment Facility.
- **Jail/ Correctional Facility** Individual resides in a Jail and/or Correctional facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Jail, Correctional Facility, Prison, Youth Authority Facility, Juvenile Hall, Boot Camp, or Boys Ranch.
- **Other Institutional Setting** Individual resides in an institutional care facility with care provided on a 24 hour, 7 day a week basis. This level of care may include a Skilled Nursing/Intermediate Care Facility, Assisted Living Facilities, Nursing Homes, Other "Institutes of Mental Disease" (IMD), Inpatient Psychiatric Hospital, Psychiatric Health Facility (PHF), Veterans Affairs Hospital, or other State health facility.
- **Private Residence WITHOUT support -**
  - (a) The Individual lives in a house, apartment, trailer, hotel, dorm, barrack, or Single Room Occupancy (SRO)
  - (b) The Individual has no HHSS funded authorized Behavioral Health Supports nor Parent/Relative providing support.
- **Private Residence RECEIVING support -**
  - (a) The Individual lives in a house, apartment, trailer, hotel, dorm, barrack, or Single Room Occupancy (SRO)
  - (b) The Individual does not have the capacity to live independently unless necessary support services are in place.
  - (c) The Individual has HHSS funded authorized Behavioral Health Supports and receives planned support from to maintain independence in his/her private residence. This may include individualized services to promote recovery, manage crises, perform activities of daily living, and/or manage symptoms. Support services are delivered in the person's home environment. The services may include but are not limited to Assertive Community Treatment or Community Support.
- **Private Residence Living with Parent/Relative/Friend -**
  - (a) The Individual lives in a house, apartment, trailer, hotel, dorm, barrack, or Single Room Occupancy (SRO)
  - (b) The individual lives with parent, other relative, or friend.
  - (c) The parent, other relative, or friend provides the support services by the shared living arrangement or a person periodically visiting the consumer at home, as documented in the Individual Service Plan.
- **Homeless/ Shelter** A person has no permanent place of residence where a lease or mortgage agreement between the individual and the owner exists. A person is considered homeless if he/she lacks a fixed, regular, and adequate nighttime residence and/or his/her primary nighttime residency is:
  - (a) A supervised publicly or privately operated shelter designed to provide temporary living accommodations,
  - (b) An institution that provides a temporary residence for individuals intended to be institutionalized, or
  - (c) A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings (e.g., on the street).
- **Other** Living Situations not covered above.

- **PART 3: AN ADULT WITH A VERY LOW INCOME**

Annual Gross Income (Nearest \$1,000): \$\_\_\_\_\_

Employment Status:

- |  |  |
|--|--|
| <input type="checkbox"/> Employed full time (35 plus hours per week)                               | <input type="checkbox"/> Employed part time          |
| <input type="checkbox"/> Unemployed (Laid off or looking for work)                                 | <input type="checkbox"/> Active/Armed Forces         |
| <input type="checkbox"/> Sheltered workshop  | <input type="checkbox"/> Other (volunteer, disabled) |
| <input type="checkbox"/> Not in labor force (homemaker, student, retired, resident of institution) |  |

SSI/SSDI Eligibility:

- ☐ Eligible, receiving payments  
☐ Potentially eligible  
☐ Eligible, not receiving benefits  
☐ Determined to be ineligible / not applicable

Income Status for the county of intended residence

- ☐ 0 - 30 % of MFI  
☐ 31 - 50 % of MFI  
☐ 51 - 80 % of MF  
☐ 81 - 95 % of MFI

<b>Yes/ No</b>	Is this person an adult with a very low income?
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**PART 4: ADULT WITH A SERIOUS MENTAL ILLNESS**

Neb. Rev. Stat. § 71-812 (3)(b)(i)

Adult with serious mental illness means a person eighteen years of age or older who has, or at any time during the immediately preceding twelve months has had, a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders and which has resulted in functional impairment that substantially interferes with or limits one or more major life functions. Serious mental illness does not include DSM V codes, substance abuse disorders, or developmental disabilities unless such conditions exist concurrently with a diagnosable serious mental illness;

Diagnosis

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis V-GAF \_\_\_\_\_

Date of Diagnosis: MM / CCYY \_\_\_\_ / \_\_\_\_

Diagnosis by: \_\_\_\_\_

Yes/ No	Is this person an adult with a serious mental illness?
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**PART 5: BEHAVIORAL HEALTH REFORM CRITERIA**

**Priority One**

<b>Yes/ No</b>	<b>1) Discharge from an inpatient mental health commitment</b>
	Has this person been committed to psychiatric inpatient care? Yes / No
	Is the person ready for discharge from the hospital? Yes/ No NOTE: This means both Regional Centers and community hospitals receiving individuals under mental health commitment.
/ /	Expected Discharge Date MM / DD / CCYY
	COMMENTS:

<b>Yes/ No</b>	<b>2) Move from residential level of care to independent living</b>
	Is this person living at a Mental Health Residential Rehabilitation Level of Care? Yes / No
	Is the person ready to move into and Independent Apartment and receive "Mental Health Non-Residential" authorized services (such as Assertive Community Treatment, Community Support, Medication Management, or other services)? Yes/No
/ /	Expected Discharge Date MM / DD / CCYY
	Will this move result in a place for an eligible individual at the hospital level of care to use? Yes/ No
	COMMENTS:

**Priority Two**

<b>Yes/ No</b>	<b>Consumer who is extremely low income at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing. NOTE: Approval from HHSS required for this.</b>
	Will this prevent a person from moving to a higher level of care? Yes / No
	Explain the situation:

**Priority Three**

<b>Yes/ No</b>	<b>Others who are eligible under Neb. Rev. Stat. § 71-812 (3) for housing-related assistance for very low-income adults with serious mental illness. NOTE: Approval from HHSS required for this.</b>
	Explain the situation:

<b>Yes/ No</b>	<b>Does this consumer meet one of the Behavioral Health Reform criteria?</b>
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## **PART 6: HOUSING BARRIER ASSESSMENT LEVELS**

- Level 1: No Housing Barriers
- Level 2: Some Housing Barriers
- Level 3: Moderate Housing Barriers
- Level 4: Serious Housing Barriers

### **Level 1: No Housing Barriers**

Yes	no	a good rental history
Yes	no	no evictions
Yes	no	no criminal history
Yes	no	no active substance dependent issues or history
Yes	no	has income above 30 percent of Median Family Income (MFI)

NOTE: If the person has all “Yes” on Level 1, it means there are no housing barriers. If there were one or more “No” recorded under Level 1, proceed to the remaining Housing Barrier Assessment Levels.

### **Level 2: Some Housing Barriers**

#### **“Yes” to one or more of the following housing barriers**

Yes	no	has income under 30 percent of Median Family Income (MFI) other than SSI/ SSDI
Yes	no	no rental history
Yes	no	new to the area
Yes	no	four or more related people (family)
Yes	no	one easily explained eviction
Yes	no	non-English speaking
Yes	no	no high school diploma
Yes	no	physical disabilities that affect housing
Yes	no	one parent/child household
Yes	no	needs financial help with moving, furniture, misc. services.
Yes	no	head of household under age 19
Yes	no	has a criminal record (misdemeanor or non-violent felony)
Yes	no	has substance dependent history (not currently using)

**COMMENT ON EACH ITEM ANSWERED “YES”:**



**Level 3: Moderate Housing Barriers**

**“Yes” to one or more of the following housing barriers**

Yes	no	has income under 30 percent of Median Family Income (MFI) from only SSI/ SSDI
Yes	no	poor rental history (1-2 evictions)
Yes	no	has an illegal drug use history, but not currently using in the last 30 days
Yes	no	mild behavioral problems
Yes	no	child(ren) in the household have mild behavioral problems-
Yes	no	recent (within last 12 months) arrested for minor criminal activities recent (within last 12 months) conviction for a misdemeanor or non-violent felony
Yes	no	released from jail or prison over 12 months ago

**COMMENT ON EACH ITEM ANSWERED “YES”:**

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**Level 4: Serious Housing Barriers**

**“Yes” to one or more of the following housing barriers**

Yes	no	has income under 30 percent of Median Family Income (MFI) from only SSI/ SSDI
Yes	no	current (within last 30 days) active use of illegal drugs
Yes	no	bad rental history (3 or more evictions)
Yes	no	has a record (any time) of property damage to rental housing
Yes	no	has severe behavioral problems
Yes	no	has children in the household with severe behavioral problems
Yes	no	recent (within last 12 months) arrest for criminal activities and pending trial
Yes	no	recent (within last 12 months) conviction for a felony
Yes	no	recent (within last 12 months) release from jail, penitentiary or prison
Yes	no	current (within last 30 days) sexual abuse in the family unit
Yes	no	current (within last 30 days) battering with the abuser in the family unit

**COMMENT ON EACH ITEM ANSWERED “YES”:**

## **PART 7: APPLICATION FOR SECTION 8 RENTAL ASSISTANCE VOUCHERS**

The consumer needs to document the submission of an application for, and must have fully exhausted attempts to receive, local program rental assistance where his or her housing is located in order to be eligible for this program. Therefore, there needs to be documentation of the consumer's efforts to secure HUD Section 8 rental assistance vouchers that are available through local Public Housing Authority (PHA) or it needs to be documented that

- > The PHA does not have HUD Section 8 rental assistance vouchers;
- > The eligible consumer needs to be placed on a waiting list;
- > The consumer is not eligible for various reasons; or
- > Consumer needs for housing faster than Local PHA can process the application.

(Check Only One):

	1. Local PHA does not have HUD Section 8 rental assistance vouchers.
	2. Consumer on Local PHA waiting list – Local PHA has HUD Section 8 rental assistance vouchers, the consumer is eligible, however, none are currently available. > Name of the local public housing authority: _____ > Date consumer placed on the waiting list: ____ / ____ / ____
	3. Consumer Not Eligible – Local public housing authority has HUD Section 8 rental assistance vouchers, however, the consumer is not eligible > Name of the local public housing authority: _____ > Date consumer declared ineligible: ____ / ____ / ____ > Reason(s) the consumer is not eligible _____
	4. Needs Housing Faster – The consumer needs housing more expeditiously than the Local PHA Section 8 application process allows. > Name of the local public housing authority: _____ > Date consumer can apply for Section 8 benefits at the first available opportunity. ____ / ____ / ____

**CONSUMER NAME:** \_\_\_\_\_

**SUMMARY**

**FROM PART 1: DEMOGRAPHICS**

Currently Resides:

City: \_\_\_\_\_

County \_\_\_\_\_

Region: \_\_\_\_\_

**FROM PART 2: CONSUMER PREFERENCES IN HOUSING**

Describe the housing situation the consumer would like to have

- Location (City / County in Nebraska)

Check only one

☐ Live alone    ☐ live with spouse    ☐ live with children    ☐ unrelated roommates

Check only one

☐ Efficiency    ☐ 1 Bed Room apartment    ☐ more (specify) \_\_\_\_\_

**FROM PART 3: INCOME**

Yes/ No    Is this person an adult with an very low income?

Yes/ No    Is this person an adult with an extremely low income?

Yes/ No    If Yes (extremely low income), is the income from only SSI/ SSDI?

**FROM PART 4: ADULT WITH A SERIOUS MENTAL ILLNESS**

Yes/ No    Is this person an adult with a serious mental illness?

**FROM PART 5: BEHAVIORAL HEALTH REFORM CRITERIA**

Does this consumer meet one of the Behavioral Health Reform criteria (Priority 1) or Neb. Rev. Stat. § 71-812 (3) for housing-related assistance for very low-income adults with serious mental illness?

Yes/ No    Has this person been committed to psychiatric inpatient care?

Yes/ No    Is this person living at a Mental Health Residential Rehabilitation Level of Care?

Yes/ No    Is this person who is at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing? [NOTE: Approval from HHSS required for this.]

Yes/ No    Does this person qualify under other who is eligible under Neb. Rev. Stat. § 71-812 (3) for housing-related assistance for very low-income adults with serious mental illness. [NOTE: Approval from HHSS required for this.]

FROM PART 6: HOUSING BARRIER ASSESSMENT LEVELS (Check Only One)

- ☐ Level 1: No Housing Barriers (all Yes reported).
- ☐ Level 2: Some Housing Barriers (number of "Yes" reported)
- ☐ Level 3: Moderate Housing Barriers (number of "Yes" reported)
- ☐ Level 4: Serious Housing Barriers (number of "Yes" reported)

FROM PART 7: APPLICATION FOR SECTION 8 RENTAL ASSISTANCE VOUCHERS

(Check Only One):

- ☐ 1. Local PHA does not have HUD Section 8 vouchers.
- ☐ 2. Consumer on Local PHA waiting list
- ☐ 3. Consumer Not Eligible
- ☐ 4. Consumer needs for housing faster than Local PHA can process

OUTCOME (check only one):

- ☐ Not eligible for the State Rental Assistance Transition Voucher Program
- ☐ Yes, eligible for the State Rental Assistance Transition Voucher Program
  - A. An adult who has a serious mental illness; and
  - B. An adult who needs housing related assistance as documented by efforts to fully exhaust local options available in seeking rental assistance administered by local housing authorities and/or other entities; and
  - C. An adult who is (CHECK ONE)
    - ☐ YES – 1) Priority One:
      - a) Extremely Low Income who is discharged from an inpatient mental health commitment, or
      - b) Extremely Low Income who is eligible to move from a residential level of care to independent living to make room for a person being discharged from an inpatient mental health commitment;
    - ☐ YES – 2) Priority Two: after the Region has demonstrated the Priority One groups are addressed, then the Region may start including consumers who are extremely low income at risk of an inpatient mental health commitment, at least in part because of lack of affordable independent housing.
    - ☐ YES – 3) Priority Three: after the Region has demonstrated the Priority One and Two groups are addressed, others who are eligible under Neb. Rev. Stat. § 71-812 (3) for housing-related assistance for very low-income adults with serious mental illness.

**IF YES/ELIGIBLE UNDER OUTCOME – HOUSING-RELATED ASSISTANCE NEEDED**

**Consumer / Tenant Share**

Rental payments \$ \_\_\_\_\_ (per month) \$ \_\_\_\_\_ (total 12 months)

One time housing security deposit \$ \_\_\_\_\_

Tenant paid utility payments (per month): \$ \_\_\_\_\_ gas, \$ \_\_\_\_\_ electric, \$ \_\_\_\_\_ water,  
\$ \_\_\_\_\_ sewer, \$ \_\_\_\_\_ garbage

One time tenant paid utility deposit: \$ \_\_\_\_\_ gas, \$ \_\_\_\_\_ electric, \$ \_\_\_\_\_ water,  
\$ \_\_\_\_\_ sewer, \$ \_\_\_\_\_ garbage

**State Housing-Related Assistance Needed**

The Housing-Related Assistance shall encumber up to \$5,000 per consumer annually. If additional funding is required annually for the eligible consumer, the Region is required to receive written approval from the Nebraska Division of Behavioral Health Services.

Rental payments \$ \_\_\_\_\_ (per month) \$ \_\_\_\_\_ (total 12 months)

One time housing security deposit \$ \_\_\_\_\_

Tenant paid utility payments (per month): \$ \_\_\_\_\_ TOTAL UTILITIES PAID  
\$ \_\_\_\_\_ gas, \$ \_\_\_\_\_ electric, \$ \_\_\_\_\_ water, \$ \_\_\_\_\_ sewer, \$ \_\_\_\_\_ garbage

One time tenant paid utility deposit: \$ \_\_\_\_\_ TOTAL UTILITY DEPOSITS PAID  
\$ \_\_\_\_\_ gas, \$ \_\_\_\_\_ electric, \$ \_\_\_\_\_ water, \$ \_\_\_\_\_ sewer, \$ \_\_\_\_\_ garbage

One time allowance for: \$ \_\_\_\_\_ stove \$ \_\_\_\_\_ refrigerator

Other related costs \$ \_\_\_\_\_

(specify)\*: \_\_\_\_\_

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\* The Region is required to receive written approval from the Nebraska Division of Behavioral Health Services for other related costs.

The information reported on this Application For Housing-Related Assistance Under The State Rental Assistance Transition Voucher Program is true and correct to the best of my/our knowledge.

Consumer date

Family Member / Authorized Representative      date

Staff Assisting the Consumer                      date